## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004   |  |  |                                       |   |                                 |                   | 10/576282           |                               |            |                            |                        |
|--|--|--|---------------------------------------|---|---------------------------------|-------------------|---------------------|-------------------------------|------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |  |                                       |   |                                 | SMALL ENTITY TYPE |                     | OTHER THAN<br>OR SMALL ENTITY |            |                            |                        |
| U.S. NATIONAL STAGE FEES   |  |  |                                       |   |                                 |                   | RATE                | FEE                           |            | RATE                       | FEE                    |
| BASIC FEE  |  |  |                                       |   |                                 |                   | BASIC FEE           |                               | OR         | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |  |                                       |   |                                 |                   | EXAM. FEE           |                               |            | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |  |                                       |   |                                 |                   | SEARCH FEE          |                               |            | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |  | minus 100 =                           |   | / 50 =                          |                   | X \$ 125 =          |                               |            | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |  | 20 minus 20 = *                       |   |                                 |                   | X \$ 25 =           |                               | OR         | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS   |  |  | 3                                     |   |                                 | X \$ 100 =        |                     | OR                            | X \$ 200 = |                            |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR  | ESENT                                 |   |                                 | 可                 | + \$ 180 =          |                               | OR         | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |                                       |   |                                 | TOTAL             |                     | OR                            | TOTAL      | 900                        |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |  |                                       |   |                                 | n 3)              | SMALL ENTITY        |                               | OR         | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                       | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FO | R PRESE                         |                   | RATE                | ADDI-<br>TIONAL<br>FEE        |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus                                 | **                                      | =                               |                   | X \$ 25 =           |                               | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | *  | Minus                                 | ***                                     | =                               |                   | X \$ 100 =          |                               | OR         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                       |   |                                 | + \$ 180 =        |                     | OR                            | + \$ 360 = |                            |                        |
|  |  |  | · · · · · · · · · · · · · · · · · · · |   |                                 |                   | TOTAL ADDIT.<br>FFF |                               | OR         | TOTAL ADDIT.<br>FFF        |                        |
|  |  | (Column 1)   |                                       | (Column                                 |                                 | n 3)              |                     |                               |            |                            | _                      |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                       | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FO | R PRESE                         |                   | RATE                | ADDI-<br>TIONAL<br>FEE        |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus                                 | **                                      | =                               |                   | X \$ 25 =           |                               | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | *  | Minus                                 | ***                                     | =                               |                   | X \$ 100 =          |                               | OR         | X \$ 200 =                 |                        |
| Test   | FIRST PRES                                     | SENTATION OF N   | NULTIPLE DE                           | EPENDENT CL                             | AIM                             |                   | + \$ 180 =          |                               | OR         | + \$ 360 =                 |                        |
|  |  |  |                                       |   | - 4.                            |                   | TOTAL ADDIT.        |                               | OR         | TOTAL ADDIT.               |                        |
| *  | If the entry in col                            | umn 1 is less than the umber Previously Paumber Pre | ne entry in colur<br>sid For" IN THIS | nn 2, write "0" in c                    | olumn 3.<br>nan '20', enter "20 |                   |                     |                               | - 4        | TOTAL ADDIT.               |                        |